

DECLARATION FOR PATENT APPLICATION

Docket Number (Optional)

44616 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DISPLAY DEVICE, the specification of which

is attached hereto unless the following box is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

| | | | |
|---------------------|----------------|------------------------|---|
| <u>100 10 812.1</u> | <u>Germany</u> | <u>08/03/2000</u> | Priority Claimed |
| (Number) | (Country) | (Day/Month/Year Filed) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (Number) | (Country) | (Day/Month/Year Filed) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

| | | |
|----------------------|---------------|---|
| _____ | _____ | _____ |
| (Application Number) | (Filing Date) | (Status - patented, pending, abandoned) |

| | | |
|----------------------|---------------|---|
| _____ | _____ | _____ |
| (Application Number) | (Filing Date) | (Status - patented, pending, abandoned) |

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Martin A. Farber, Esq. Reg. No. 22,345
 Address all telephone calls to Martin A. Farber at telephone number (212) 758-2878
 Address all correspondence to Martin A. Farber, 866 United Nations Plaza, Suite 473
New York, NY 10017

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name) Heinz-Günther Wilhelm
 Inventor's signature _____ Date _____
 Residence Majoranweg 9, Wiesbaden, Germany Citizenship Germany
 Post Office Address Majoranweg 9, 65191 Wiesbaden, Germany

Full name of second joint inventor, if any (given name, family name) _____
 Second inventor's signature _____ Date _____
 Residence _____ Citizenship _____
 Post Office Address _____

☐ Additional inventors are being named on a separate sheet attached hereto.